Filing Date Application Number **CLAIMS ONLY** Applicant(s) * May be used for additional claims or amendments AFTER FIRST AMENDMENT AFTER SECOND AMENDMENT CLAIMS Indep Depend Indep Depend Depend Indep Depend .Indep Depend Indep Depend 51 52 53 54 55 56 57 58 59 60 61 62 9 12 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 35 36 85 86 87 88 37 38 39 40 99 90 91 92 93 94 95 96 97 98 41 42 43 44 45 46 47 48 49 99 50 Total Indep Total Depend 100 Total Indep Total Depend Tolal Claims Total Claims